Fill i	n this information to identify your case:					only as d	lirected in this form and	in Form	
Deb	tor 1 Meghan Marie Moeggenborg			122	2A-1Supp:				
	tor 2			'	1. There	is no pres	umption of abuse		
Unit	ed States Bankruptcy Court for the: Eastern District of	[	2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i> Calculation (Official Form 122A-2).						
Cas (if kno	e number <u>18-31797-dof</u>			_		`	does not apply now be	oougo of	
(	,			y service but it could ap					
					☐ Check i	f this is a	n amended filing		
Off	icial Form 122A - 1						_		
	apter 7 Statement of Your Cur	rent	: Moı	nthly Inc	ome			12/15	
attacl case	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wonumber (if known). If you believe that you are exempted fror ying military service, complete and file Statement of Exempted 1:  Calculate Your Current Monthly Income	hich the	addition author	nal information a of abuse becau	ipplies. On the se you do no	ne top of a ot have pri	ny additional pages, writ marily consumer debts o	e your name and r because of	
1.	What is your marital and filing status? Check one on	ıly.							
	■ Not married. Fill out Column A, lines 2-11.								
	$\hfill\square$ Married and your spouse is filing with you. Fill ou	ıt both (	Columns	A and B, lines	2-11.				
	$\hfill\square$ Married and your spouse is NOT filing with you.	You an	d your s	spouse are:					
	$\square$ Living in the same household and are not lega	lly sep	arated.	Fill out both Col	lumns A and	B, lines	2-11.		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	egally s	eparated	d under nonban	kruptcy law	that appli	es or that you and your		
10 th	Il in the average monthly income that you received from all state (10.11). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that p	onth per by 6. Fill	iod would I in the re	be March 1 throusult. Do not include	ugh August 3° de any income	I. If the ame amount m	ount of your monthly incompore than once. For examp	ne varied during le, if both	
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse		
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and co	mmissio	ons (before all	\$	590.67	\$		
3.	$\begin{tabular}{ll} \textbf{Alimony and maintenance payments.} Do not include \\ \textbf{Column B is filled in.} \end{tabular}$	payme	nts from	a spouse if	\$	0.00	\$		
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include I, your c	e regulai depende	contributions nts, parents,	\$	0.00	\$		
5.	Net income from operating a business, profession,	or farm	1						
				otor 1					
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	-\$_	0.00	Camus hana	Φ.	0.00	Ф		
	Net monthly income from a business, profession, or farm	m \$	0.00	Copy here ->	Φ	0.00	\$		
6.	Net income from rental and other real property		Deb	otor 1					
	Cross receipts (before all deductions)	\$	0.00						
	Gross receipts (before all deductions)	-\$ —	0.00						
	Ordinary and necessary operating expenses  Net monthly income from rental or other real property	* — \$		Copy here ->	\$	0.00	\$		
1	income nem remarks of other roar property	Ψ							

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 1

7. Interest, dividends, and royalties

\$

0.00

Debtor 1

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$	•	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	unt received was a benef	fit under	·		·		
	· · · · · · · · · · · · · · · · · · ·	\$ 0.	00					
	For you For your spouse	\$						
9.	Pension or retirement income. Do not include any benefit under the Social Security Act.		s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			\$	\$			
				\$	0.00	\$		
	Total amounts from separate pages, if any.			\$	0.00	\$		
	Total amounts from separate pages, if any.		+	Ψ	0.00	Ψ		
11.	. Calculate your total current monthly income. Add each column. Then add the total for Column A to the		\$	590.67	+ \$ _		= \$_	590.67
Part	t 2: Determine Whether the Means Test Applie	s to You					Total	current monthly
12.	. Calculate your current monthly income for the ye							
	12a. Copy your total current monthly income from lin	e 11		Сор	y line 11 l	nere=>	\$	590.67
	Multiply by 12 (the number of months in a year)			[				12
	12b. The result is your annual income for this part of	the form				12b.	\$	7,088.04
13.	. Calculate the median family income that applies	to you. Follow these step	os:					
	Fill in the state in which you live.	MI						
	Fill in the number of people in your household.	2						
	Fill in the median family income for your state and size						\$	60,809.00
	To find a list of applicable median income amounts, of for this form. This list may also be available at the batter than the same and the same are the same and the same are t		pecified	in the separa	ate instruc	tions		
14.	. How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, ch	eck box	1, There is i	no presum	ption of abuse	9.	
	14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	p of page 1, check box 2	, The pre	esumption of	abuse is	determined by	Form 1	22A-2.
Part	t3: Sign Below							
	By signing here, I declare under penalty of perju	ury that the information or	n this sta	atement and	in any atta	achments is tru	ue and	correct.
	X /s/ Meghan Marie Moeggenborg							
	Meghan Marie Moeggenborg Signature of Debtor 1							
	Date July 25, 2018 MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Fo	orm 122A-2						
	If you checked line 14b, fill out Form 122A-2 and							
	ii you checked line 140, illi out Foilli 122A-2 all	a me it with tills lotti.						

Official Form 122A-1

## Case number (if known)

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 01/01/2018 to 06/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages Year-to-Date Income:

Total Year-to-Date Income: \$3,544.00 from check dated 6/30/2018.

Average Monthly Income: \$590.67.

Non-CMI - Social Security Act Income

Source of Income: SSI For Son

Constant income of \$663.00 per month.